

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
PUBLIC HEALTH PREPAREDNESS AND RESPONSE TO BIOTERRORISM
Major Accomplishments

Updated March, 2003

MEDPREP

- To develop a comprehensive plan for responding to bioterrorism and public health emergencies in November 2001, then Governor-Elect James E. McGreevey convened a multidisciplinary panel of experts known as the Medical Emergency and Disaster Prevention and Response Expert Panel (MEDPREP). Chaired by NJ Department of Health and Senior Services (NJDHSS) Commissioner Clifton R. Lacy, M.D., this group includes health care leaders from across the state with expertise and experience in planning for and responding to the full spectrum of health care emergencies. Panel members include specialists in emergency medicine, infectious diseases, trauma, critical care, emergency medical services, nursing, pharmacy, health education, emergency management, pre-hospital and hospital health care, and public health. MEDPREP members are subject matter experts and have expertise and practical experience gained during such events as the World Trade Center attacks, the New Jersey anthrax incidents, Hurricane Floyd, the Miami riots, and the Hyatt Hotel collapse.
- To enhance the public health care infrastructure, in February and March 2002, NJDHSS completed an evaluation and needs assessment using several sources including: a Departmental self-assessment of responses to the events of Fall 2001; a survey of key public health agencies, health care providers and organizations, and a review of studies conducted by the New Jersey Hospital Association, the NJDHSS for the Department of Justice, and the New Jersey Primary Care Association.
- After evaluating the public health care system and reviewing the MEDPREP recommendations, the NJDHSS prepared a Terrorism and Public Health Emergency Preparedness and Response Plan (the Plan). This Plan outlines the Department's response to a public health emergency or bioterrorism event, and identifies strategies to enhance preparedness.
- MEDPREP has now been expanded to become the MEDPREP Terrorism Advisory Committee comprised of over 100 of the State's leading experts in public health care and emergency management. The group meets in plenary session on a bimonthly basis, supplemented with subcommittee activity, which most recently focused on smallpox vaccination planning.
- MEDPREP members will also provide on-site consultation during events affecting public health. MEDPREP health care experts also serve as an "on-call" rapid response team for suspected biological events. The team is on call around the clock

to consult with local physicians, hospitals and health agencies on specified subject matters and can be deployed immediately if needed. The MEDPREP on-call rapid response capability has been utilized successfully for suspected bioterrorism.

FUNDING

- **Governor McGreevey dedicated \$12.5 million in the FY03 budget to implement the MEDPREP recommendations** as part of the Department of Health and Senior Services Terrorism and Public Health Emergency Preparedness and Response Plan. This state funding supplements \$27.2 million in federal funding New Jersey has received to strengthen its state's public health system and regional hospital preparedness.
- Receipt of \$27.2 million in federal funds to strengthen the state's public health care infrastructure. The funds include \$23.7 million from the Centers for Disease Control and Prevention (CDC) and \$3.5 million from the Health Resources and Services Administration (HRSA). The CDC funds are being used to enhance New Jersey's state and local preparedness for and response to the health-related aspects of terrorism, infectious disease outbreaks, and other public health threats and emergencies. The HRSA funds are being used to advance hospital bioterrorism preparedness by coordinating the efforts of hospitals and other health care facilities in managing potential epidemics on a regional level, and refine plans for emergency preparedness and response.

VARIOUS ACCOMPLISHMENTS

Terrorism and Public Health Emergency Preparedness and Response Plan

- Development of the Department's "***Terrorism and Public Health Emergency Preparedness and Response Plan***." This confidential plan outlines the Department's response to a public health emergency or bioterrorism event, and identifies strategies to enhance preparedness.

Smallpox Vaccination Plan

- Development of **New Jersey's Smallpox Response Plan**. Initially, a preliminary concept plan was developed for the State of New Jersey. Then, utilizing guidance provided in CDC's *Interim Smallpox Response Plans and Guidelines* dated November 21, 2001, that was later updated and expanded on September 21, 2002, five regional centers were identified and designated as pre-event vaccination sites. The lead county/local public health agencies throughout the State have been identifying and designating additional facilities.
- On December 31, 2002 the federal Centers for Disease Prevention and Control approved **New Jersey's Smallpox Vaccination Plan** originally submitted on December 9, 2002. The Plan provides a comprehensive framework of roles,

responsibilities and required actions for state and local public health, emergency management, and law enforcement agencies, and health care facilities to effectively prepare for and respond to an outbreak of smallpox.

- On December 11, 2002, NJDHSS in collaboration with the county and local health departments coordinated an extensive public **field test of New Jersey's Preparedness Vaccination Smallpox System**. The field test, conducted in Hunterdon County, provided an opportunity for state and local health departments to access New Jersey's plan to implement our smallpox vaccination plan and positions New Jersey as a national leader in smallpox vaccination preparedness.
- To support New Jersey's smallpox immunization initiative the NJDHSS developed and implemented the **New Jersey Preparedness Vaccination System (NJPVS)**. To provide the flexibility to function in varied clinic settings, the NJPVS was developed as an interactive web based application and can be used with the Internet or as an interactive client server based application running on a local server. The New Jersey Preparedness Vaccination System is a real time interactive application that is designed to support mass immunization campaigns. The system collects smallpox immunization data, manages the information, and presents it to medical staff synchronized with the medical workflow and stations at the clinic sites. It provides a comprehensive database that is used by clinicians for smallpox patient immunization follow-up procedures. NJPVS was fully certified by CDC on January 30, 2003. Since January 31, 2003 NJPVS application was successfully used by 24 smallpox clinics at 8 locations. The system can easily be expanded for Geographic Information System and statistical information capabilities that would support communicable disease service medical research and analysis requirements.
- On January 28, 2003, **New Jersey received 4,800 doses of smallpox vaccine to begin Phase I of the vaccination program**, which called for **volunteers** to serve on public health and health care response teams to investigate and care for suspected cases of smallpox statewide. Extensive education and risk communications efforts were completed to properly and effectively inform and educate volunteers and the general public on the benefits and risks associated with the vaccine and the importance of smallpox preparedness and response.
- **New Jersey launched its statewide smallpox preparedness vaccination program on January 31, 2003.** At the first clinic, 97 volunteer public health care workers were vaccinated. Beginning in February 2003, volunteers were vaccinated at seven regional clinics throughout the state. As of March 7, 2003, 618 public health and hospital volunteers representing 50 New Jersey hospitals have been vaccinated. Four volunteers had minor adverse reactions. None was hospitalized and all have recovered.

Hospital Communications

- New Jersey installed **800-megahertz radios** at all 85 New Jersey acute care hospitals and 15 state agencies, linking the institutions with NJDHSS. This will provide redundancy and ensure communication in the event of interruption of phone service. New Jersey is the first state in the nation to be implementing this type of hospital communications network. This initiative will be expanded to include additional health care facilities and New Jersey's neighboring states.
- **The system became functional as of March 1, 2003.** A standard operating procedure has been developed and the system is tested daily. NJDHSS will expand this system to include the two (2) VA hospitals in New Jersey, the six other medical communications centers serving the state of New Jersey, surrounding states and the two major cities of New York and Philadelphia. NJDHSS intends to also expand this system to the 22 County Health LINCS agencies in the coming months.

Rapid Response Capability

- MEDPREP health care experts serve as an **on-call rapid response team** for suspected biological events. The team is on call around the clock to consult with local physicians, hospitals and health agencies on specified subject matters and can be deployed immediately if needed. The MEDPREP on-call rapid response capability has been utilized successfully for suspected bioterrorism events.

Radiological Issues

- **NJDHSS distributed approximately 250,000 Potassium Iodide (KI) tablets** to interested individuals, schools, health care facilities and institutions since July 2002. This initiative was conducted as part of the federal Nuclear Regulatory Commission's program to make potassium iodide (KI), a thyroid blocking agent, available to the general public residing or working in a 10 mile Emergency Planning Zone of a fixed nuclear generating station. This represents a significant practical exercise in mass prophylaxis planning, logistics and operations that will enhance our knowledge and skill in preparing for NPS deployment in the event of an act of terrorism.
- **NJDHSS participated in a full-scale nuclear exercise** to test the response capability of the state's Radiological Emergency Response Plan (RERP). NJDHSS senior staff were present at the state Emergency Operations Center (EOC) as well as the Joint Information Center (JIC) for the Salem/Hope Creek Nuclear Exercise. NJDHSS, with the Bureau of Nuclear Engineering from the Department of Environmental Protection, has also developed a KI distribution policy to be used in the event of a radiological emergency involving radioiodines.

National Pharmaceutical Stockpile

- NJDHSS continued development of **Statewide Plan to receive and distribute medications** and supplies as part of managing the **National Pharmaceutical Stockpile Program (NPS)** should it be deployed to New Jersey. This initiative continues through the New Jersey Domestic Security Planning Group, which addresses issues with input from the various State departments, National Guard, New Jersey Hospital Association, New Jersey Pharmacy Association, and private industry.
- NJDHSS developed a working document (*Appendix to the State Terrorism Annex*) entitled **Appendix B Pharmaceutical Stockpiling Access and Distribution**. This document provides and formalizes the procedures for requesting, accepting, securing, delivering, accounting for, and monitoring the use of drugs and medical supplies contained in the NPS push package. NJDHSS and State Police Office of Emergency Management (SPOEM) have identified two airports with off-loading facilities for receiving one 12-hour push package. Additional sites have been selected for commercial truck delivery in the event that the push package is received by commercial carrier or land transport. The Appendix also outlines the roles and responsibilities of each participating agency.
- NJDHSS has developed a compendium of medications and supplies necessary to meet initial medical/surgical needs until arrival of the **National Pharmaceutical Stockpile**.
- NJDHSS developed **Memoranda of Agreement (MOAs) with three private companies to assist the State in managing and dispensing medication from the NPS to hospitals**. Through the MOAs, the pharmaceutical distribution facilities have agreed to stock inventory and distribute medical supplies and materials directly to impacted hospitals and/or acute care centers. NJDHSS and SPOEM will provide oversight of the distribution process, ensure security and establish direct contact with the NJDHSS command center and SPOEM to ensure that deliveries of essential medical supplies will be uninterrupted.
- NJDHSS is collaborating with NJ local health departments (LHDs) to identify **mass medication distribution/vaccination centers** throughout the state. The LHDs have identified 400 of these sites. NJDHSS will continue to work with the local health agencies to refine and expand the list of these sites.

Communications

- NJDHSS has continued enhancement of the **New Jersey Local Information Network and Communication System (LINCS) Health Alert Network**. LINCS ensures 24/7 flow of critical health information through email (and/or fax) communication between the NJDHSS and approximately 30,000 public health and

community representatives statewide. These groups receive public health emergency notifications from NJDHSS and/or the 22 regional LINCS local health departments. NJDHSS is directly connected to local health departments (115), acute care hospital administrators (85) and state police. In addition, NJDHSS is able to reach local boards of health, key hospital staff, other health care organizations, local law enforcement, and public officials through the LINCS agencies. A reverse 911 emergency alerting system, the "**Communicator**," is being implemented to provide further redundancy. Nextel phone service provides cellular phone, voice messaging, email, and paging capability to key NJDHSS and LINCS agency staff. Ongoing efforts are in place to further expand the network to include additional public health and community organizations that can be reached directly and/or through the LINCS agencies, as well as through the "Communicator" system.

- Development of a **NJDHSS Risk Communications Plan** has been completed. The intent of this plan is to instill and maintain public confidence by providing the public with information that addresses their questions, fears and concerns - and has identified the elements necessary for communicating effectively during a bioterrorism health emergency.
- NJDHSS prepared a protocol entitled "**Guidelines for the Management of a Suspect Case of Smallpox in Medical Care Settings**" which was distributed to hospitals in November 2002. The NJDHSS will perform a review of the 85 general acute care hospitals and the 15 FQHCs to determine the adequacy of the facilities' plans to isolate febrile patients with a suspected smallpox infection.
- A secure **web-based notification directory** that lists after-hour points of contact (alert/recall roster) for all NJ LHDs and for the NJDHSS was established. This directory allows each LHD to independently update its after-hour contacts as needed. This roster serves, in part, as the NJDHSS contact directory for LHDs in the event that action is needed at any time.
- **New Jersey Department of Health and Senior Services Emergency Operations Center**, equipped with state-of-the-art communications equipment, is nearing completion.

Disease Surveillance

- NJDHSS continued the development and enhancement of the **Communicable Disease Reporting System (CDRS)** to allow real-time electronic reporting of communicable diseases with an emphasis on those associated with potential bioterrorism incidents from laboratories, local health departments and hospitals.
- The State's administrative rules found at **N.J.A.C. 8:57** have been amended to **ensure that the panel of reportable communicable, occupational and environmental diseases captures the agents/exposures of concern**. The rules also specify appropriate and timely reporting windows for physicians, hospitals and other health care facilities and clinical laboratories.

- NJDHSS developed and implemented **active hospital surveillance for hospital Emergency Department and Intensive Care Unit** patients to detect possible bioterrorism cases. 240,000 emergency department visits and 7,100 Intensive Care Unit admissions were tracked.

Laboratory Capacity

- NJDHSS continued the development of **a laboratory integrated bioterrorism response plan**, which includes New Jersey's clinical laboratories. The jurisdiction-wide structure which currently exists includes: credible threat criteria to determine suitability of specimen testing developed in conjunction with the NJ Division of State Police; specimen packaging transport and security criteria; and a system of screening, accepting and transporting BT specimens from anywhere in NJ to the State Public Health Laboratory. This structure includes the epidemiological screening and coordination of specimens in conjunction with local and law enforcement health jurisdictions.
- NJDHSS continued the **enhancement of surge capacity for the Public Health and Environmental Laboratory (PHEL)**. PHEL is in negotiations with the University of Medicine and Dentistry of New Jersey Center for BioDefense to explore the development of a cooperative agreement regarding off-site surge capacity in the event of bioterrorism and for continuity of operations should the State Public Health Laboratory be rendered inoperable. Similar discussions are being held with the Public Health Research Institute.
- **Enhancement of NJDHSS PHEL's BSL-2+ facility** is ongoing along with plans to purchase a semi-permanent modular BSL-3 facility.
- **Security of NJDHSS' PHEL** has been enhanced through the performance of a comprehensive security survey in July 2002 by the Security Services Unit of the State Governmental Security Sector of the NJ Division of State Police. General perimeter security is provided through video surveillance and uniformed patrols conducted by State personnel, including NJ State Troopers. These Troopers also provide 24/7 coverage for the Bioterrorism Laboratory.
- **NJDHSS has enhanced the PHEL capacity** through two companion capital projects. First, an off-site satellite laboratory is being pursued to support expansion needs. Additionally, following the conduct of an architectural and engineering feasibility study and programming report in 2001, consideration is being given for the construction of a new Public Health, Environmental & Agricultural Laboratory complex to replace the existing facility that is approaching 40 years of age, undersized and in a deteriorated state.

Drills and Exercises

- NJDHSS has developed a **work plan and timeline for strategic and tactical planning for statewide emergency response drilling and exercising** that will be done in collaboration with the NJ SPOEM and the NJ Department of Veterans and Military Affairs. Additionally, a *Terrorism Annex* to the State of New Jersey Emergency Operations Plan has been developed and appendices on *Bioterrorism* and *Weapons of Mass Destruction* have been drafted and are in the process of being finalized. NJDHSS is also in the process of updating and expanding Emergency Support Function #8 (*Health and Emergency Medical*) of the Emergency Operations Plan.

Grant Awards

- **NJDHSS has awarded \$8,955,404 in non-competitive health services grants to the State's 22 Local Information Network and Communications System (LINCS) agencies.** These grants will build regional and statewide capacity in the areas of: bioterrorism and public health preparedness assessment and planning; epidemiology and disease surveillance, health alert and information communications systems, risk communications and public education; and education and training of the public health care workforce.
- **NJDHSS awarded \$3,175,000 to the State's 85 general acute care hospitals and 15 Federally Qualified Health Centers (FQHCs) and 4 health care associations** to implement a plan to build capacity and infrastructure for emergency preparedness and response. The primary purpose of these funds is to support the implementation of a two-year plan based on a description of the hospitals' and FQHCs' needs. Each of the 85 acute care hospitals was awarded \$25,000 and each of the 15 FQHCs was awarded \$25,000. The hospital associations were awarded a total of \$700,000.
- Through **financial assistance provided by NJDHSS to New Jersey's 22 Local Information Network and Communication System (LINCS) agencies**, 110 public health professionals, including epidemiologists and 22 State employed emergency response planners-coordinators, are being hired and placed in the 22 LINCS agencies statewide to further enhance capabilities and coordinate between local, county, and state agencies.

Memoranda of Agreement (MOAs)

- **NJDHSS has developed a series of MOAs with other state agencies to expand its role in emergency response planning, training and exercising.** DHSS has also developed MOAs with various levels of state, county and municipal governmental agencies for an equipment grant program. These MOAs include:
 - MOA with the New Jersey Division of State Police Emergency Management Section to develop, train and execute several statewide exercises involving health related issues and the impact upon the law enforcement community.

These exercises will better prepare the law enforcement and the health communities for biological events, including specimen sampling and routing to the CDC, isolation and quarantine, distribution of the National Pharmaceutical Stockpile, and other health related issues.

- MOA with the New Jersey Department of Environmental Protection to provide funding to county governments to standardize hazardous materials training and equipment throughout the state of New Jersey. The MOA will provide funding for the purchase of equipment that will be utilized by the hazmat first responders.
- NJDHSS has also initiated MOAs with county OEMs, health departments and healthcare systems to enhance decontamination capability. The NJDHSS will provide trailers with standardized equipment to the 21 counties to provide training for hospital systems throughout the state, standardization of processes and emergency response equipment in the event decontamination is necessary.
- NJDHSS has implemented three Memoranda of Agreement with the University of Medicine and Dentistry of New Jersey; Rutgers University, Cook College (OCPE); and the New Jersey Division of State Police - Emergency Management Bureau (NJSP) **to enhance a variety of training, education and workforce development programs for health care, public health, and emergency services personnel.**

Public Health Practice Standards

- **Public Health Practice Standards for Local Boards of Health** were adopted through administrative rule making. This action signifies a major milestone following a five-year process to modernize the State's local public health system through the development of contemporary performance standards modeled after the National Practice Standards initiative. Implementation of this rule is needed to provide public health protection and prevention services for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

Influenza Pandemic Plan

- NJDHSS developed a n **Influenza Pandemic Plan** to ensure that New Jersey is prepared to implement an effective response to an influenza pandemic. The plan was developed to help minimize morbidity and mortality and maintain the operation of essential community services in the event of a pandemic outbreak. The plan is organized according to the stages of a pandemic: pre-pandemic, novel virus alert, pandemic alert, pandemic, pandemic second wave, and pandemic over. It addresses the actions that need to be taken during each stage of the pandemic related to: surveillance, vaccine delivery, antiviral agents, communications, and emergency response. The plan specifically identifies the actions that the NJDHSS and local health departments need to take during the pre-pandemic period in order to be prepared.